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## Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	10514		
Facility Name:	Eastern	Plumas Hospital - Portola Campus	]
Address:	500 1st \$	Street	
City:	Portola		]
Hospital Owner/Lice	ensee:	Eastern Plumas Health Care - Portola	
Year of Rep	oorting:	2010	
Contact 1 e-mail Ad	ddress:		
Contact 2 e-mail Ad	ddress:		
Contact 3 e-mail Add	dress::		
Name of Sub	omitter:	Forrest McMullen	
Submission	n Date:	1/25/2011 3:00:00 PM	

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

## Building Number: 06 **Boiler Plant Building Building Name:** Type of Service Provided Obstetrical Surgical Inpatient Inpatient 0 Nursing Recovery Days Beds Newborn/ IntensiveCare Inpatient Days Inpatient 0 Anesthesia WellBaby Beds **Emergency** Clinical Lab Inpatient Days Pediatric/Adol Inpatient 0 escent **Beds** Nuclear Radiological/ Medicine Imaging **Psychiatric** Inpatient Days Inpatient 0 Nursing Beds

Pharmaceutical

Administration

Dietetic

Support

Services

Rehabilitation

Renal Dialysis

Outpatient

Surgery

Therapy

Skilled Nursing	Inpatient Beds	0 Inpatien	t Days 0	Obstetrical	
		Total Beds this Building	0	Cesarean/Deliv	X Central Plant

0

Inpatient Days

Inpatient Days

Obstetrical

Intermediate

Care

Ante/Postprtum

Inpatient

Inpatient

Beds

Beds

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## Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	06	Building Name: Boile	er Plant Building		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

	lding nber	Building Name	Building to be Removed
02		Main Hospital Building	
02B		SNF Addition	$\overline{\square}$
06		Boiler Plant Building	$\overline{\sqcap}$
08		Central Plant	

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	06 Buildin	g Name: B	oiler Plant Building					
Type of Service Provided								
П	Nursing		Surgical		Obstetrical Cesarean/Deliv	Ш	Rehabilitation Therapy	
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Newborn/		Outpatient Surgery	
	Psychiatric Nursing		Radiological/ Imaging		WellBaby			
	Obstetrical		Pharmaceutical		Emergency	X	Central Plant	
Ш	Ante/Postprtum		Dietetic		Nuclear Medicine		Support Services	
	Intermediate Care		Administration					
	Skilled Nursing							

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	Building Number: 02 Building Name: Main Hospital Building							
Configuration .	Remove from GAC	Service by	1/1/2030					
Type of Service Provided								
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent	X	Clinical Lab		Recovery			
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery	
	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency		Central Plant	
	Intermediate	X	Dietetic		Lineigency	<u></u>	Ochtiai i iaiit	
	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services	

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numbe	er: 02B	Building Na	me: SNF Addition				
Configuration	N/A						
Type of Service Provided							
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic	_	Lineigoney	_	Community Tank
X	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	Building Number: 06 Building Name: Boiler Plant Building							
Configuration:	Remove from GAC	service by	1/1/2013					
Type of Service Provided								
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
l I	rediatric/Adol scent		Clinical Lab		Recovery			
	sychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical .nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant	
	ntermediate		Dietetic					
	care skilled Nursing		Administration		Nuclear Medicine		Support Services	

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numb	er: 08	Building Na	me: Central Plant					
Configuration Remove from GAC service by 1/1/2030								
Type of Service Provided								
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab	Recovery				
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant	
	Intermediate		Dietetic					
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services	

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

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Buildi									
Тур	Type of Service Provided								
X	Nursing	Inpatient Beds	9	X	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy		
	IntensiveCare	Inpatient Beds	0	X	Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	X Emergency	Central Plant		
	Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	X Support Services		
X	Skilled Nursing	Inpatient Beds	12	X	Administration				
	Total Beds this Building		21						

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 02B Building Name: SNF Addition								
Type of Service Provided								
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
Intensive	Care Inpatient Beds	0		Anesthesia				
Pediatric//	Adol Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatri Nursing	c Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrica Ante/Post		0		Pharmaceutical	Emergency	Central Plant		
Intermedia Care	ate Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
Skilled Nu	rsing Inpatient Beds	15		Administration				
Total Bed Building	s this	15						

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 08 Building Name: Central Plant								
Type of Service Provided								
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
	IntensiveCare	Inpatient Beds	0		Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant	
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services	
	Skilled Nursing	Inpatient Beds	0		Administration			
	Total Beds this Building		0					

Report Status: **Data Last Update:** 01/20/2011 **Submission Date:** 01/25/2011 **Print Date:** 1/26/2011 8:38 AM

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	2 Build	ing Name: Mair	n Hospital Building		
Medical / Surgical (Inc	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 9 Bed	Inpatient 2039 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Ne	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 12 Bed	Inpatient 3975 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0	21	0

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	2B Build	ing Name: SNF	Addition		
Medical / Surgical (Include GYN)		Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Perinatal (excluse New	vborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 15 Bed	Inpatient 4970 Days
Pediatric		intensive Care New Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	15	0

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	D8 Build	ling Name: Cent	tral Plant			
Medical / Surgical (Inc	clude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Ne	wborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / develop	nent	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0	